Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

The “Madness” of Inpatient Psychiatry

By **Crystal Nelson** - February 13, 2024

Inpatient psychiatry is not a place of psychological healing; it is devoid of compassion and full of human rights abuses. Those trapped there due to their emotions, thoughts, and behaviors are controlled by pharmaceutical Americans and their cultish mindset hailing drugs at the expense of everything else. The conditions are prison-like, human rights nonexistent, and intimate friendships banned. Due to the presence of cutting-edge, next generation drugs and electric shock machines, though, psychiatrists have faith that these are places of psychological healing. Truly, these “treatments” must be quite something to compensate for all of that… right?

People exposed “involuntarily,” or even forcefully, to inpatient psychiatry are often those who are contemplating suicide. If someone has enough traumatic things happen to them, and there is no foreseeable way out of their situation, they may become suicidal. They may be stuck in deeply abusive circumstances, have a progressive incurable illness, or be subjected to any other set of problems. In our society, this distress is viewed as a medical problem; certain drug-company funded individuals gathered together and deemed it so. According to psychiatrists, the suicidal person is suffering from a sickness of the mind: their “mental illness” is making them a threat to themselves! Pesky “mental illness.” The usefulness of this construct is almost never questioned by the mainstream, taken as fact because “experts” deem it so.

The smartest way to convince someone in awful circumstances to live, according to psychiatrists, is to ban their suicidal thoughts or actions. This involves sending a team of police and EMS people to make as much of a scene as possible. They will restrain the individual to be brought in for a good strip-searching by strangers. From there, the individual is incarcerated, likely without trial, for an unknown amount of time. During this, they are under constant surveillance with very limited outside communication, no internet, and no cell phone. They are banned from forming friendships or showing any forms of physical affection with other inmates. They must “agree” to pills, injections, or shock treatments or risk having these things forced. In young people, the pills actually increase the likelihood of further suicidality, which means more potential profit later. The individual cannot directly control when they can escape and dare not step out of line in this process.

This is also true for people who, due to their circumstances, suffer a scary loss of contact with reality, such as having paranoia that they are being surveilled constantly. (This can be due to abuse, homelessness, loss of sleep, or other factors.) It’s best to place those people into a situation where they are, in fact, always on camera and have no privacy, where they are truly being monitored and controlled with zero rights. Additionally, breaking other rules set forth by the United Nations is important, such as threatening or using forcible injection of neuroleptic drugs. Intelligent management of paranoid individuals involves ensuring that their worst fears become as close to reality as possible.

Sacrificing others' dignity to bring their institutions more money is crucial. Dignity and rights are irrelevant to healing "mental illness" because only drugs can do that! In fact, those things get in the way of administering drugs, so they must be done away with. Factors like freedom, connection, consent, and all other values have to be abandoned in pursuit of this end. There is no limit to how many times, or how much time, this can be done to innocent individuals either… so long as they are deemed sufficiently "mad" or "mentally ill." Of course, psychiatrists rarely say the quiet parts out loud; their status as pharmaceutical Americans could come into jeopardy if they did.

Pharmaceutical Americans' faith in the value of pills, injections, and shock treatments above all else demonstrates a peculiar mindset which could be seen as a form of "madness." Unlike the vast majority of their subjects, though, they are dangerous to other people. They use state-sanctioned mechanisms of violence to promote "mental health." According to the late Dr. Thomas Szasz, this is "cruel compassion." The emphasis is on the cruel part, of course, as compassion is nowhere to be found. What he saw throughout the field, and witnessed in practice, was a sort of witch burning wearing the cloak of an evidence basis. It was scientific only in veneer and horrifying in practice.

Liberationists like Szasz are resented by many for their unwavering stance against torture and for freedom. Whether people want to be locked up or take drugs should be their own choice, not someone else's. Their faith should be practiced on their own terms, and, like all other faiths, should not be cultishly forced due to pill-pushers' delusions of grandeur. The field's insatiable lust for controlling every aspect of disturbed and disturbing behavior grows by the decade, now projected to pathologize the vast majority of modern Westerners within their lifetimes.

Were the psychiatrists' framework useful, their forced treatment subjects would be as grateful as those who wake up from (actually) life-saving surgeries. Also, people who adhere to drug "treatment" regimens would have better long-term life outcomes than those who do not. However, neither of these is the case; yet, in the Kafkaesque trap of "insight," subjects who come out on the other side harmed get written off. In fact, it just shows even more need for "treatment," because the system has failed to "treat" them enough. They must still be too

insane to know what was good for them all along. In no way can the violence or incompetence of psychiatry ever be wrong; it's always the subjects, who are too ill to know what is or ever was good for them.

If people's negative thoughts and feelings are better conceptualized as nonmedical problems, what is the solution to their suffering? Well, getting to the heart of these things is more difficult than running a 5-minute checklist to assign a drug (or several). However, starting with the obvious is always best: kindness and support. A lot of people deemed "disordered" by psychiatrists are unheard and do not have their basic needs met. In our twisted, atomized modernity, these problems get written off as illness. "Patients" are to be incarcerated, drugged, and reeducated away as a means of denial over how bad life can truly get, whether or not these policies work. Simply the appearance of promoting healthy behavior is enough to placate society, inner suffering of the affected individuals be damned.

Tending to people's needs and feelings may sound silly to people who believe in the biomedical model, but it's cheaper and more successful, even for so-called "serious/severe mental illness." Human connection and respect are, always have been, and always will be more important than pharmaceutical drugs to the human psyche. This is true regardless of whether one thinks the drugs are harmful or helpful to begin with. Safe shelter, dignity, and compassion are the bedrocks of building and nurturing psychological well-being, no matter what pharmaceutical Americans believe about psychiatric drugs and chemical imbalances.

The "serious" and "professional" facade of coercive inpatient psychiatry cannot hold up to scientific scrutiny any more than other practices founded on little to no unbiased evidence. Yet, to psychiatrists, if only the unwashed masses of those who "lack insight" were wiser, they would see how healing and transformative being locked away with no rights is. Surely, anywhere people who claim to be doctors are in power cannot be wrong, because doctors are enlightened, educated, and by no means have conflicts of interest. Only their patients' best interests are at heart… against their will, of course.

In the pursuit of understanding the human psyche, walking, or rather, sprinting

away from the eugenic, legalistic roots of psychiatric practice is critical to developing a working model. The fundamentals of human contentment are currently being ignored en masse to individualize and medicalize all forms of deep suffering, ironically at the same time as the suffering itself is spreading. While large swaths of the world undergo a crisis of meaning, everyone who is part of these groups gets convinced they have an individual problem. While this worldview enriches the medical establishment, it disempowers subjects. The revolving door of psychiatric practice pushes these people further into the void trying to find the right "treatment" for their problems of living.

Fundamentally, the usefulness of psychiatric treatment methods should always lie in the impacts on the lives they touch. For reasons that are plain as day to anyone not neck-deep in psychiatric propaganda, the current biomedical model is failing our public. The World Health Organization has reiterated this multiple times, including in their recent comprehensive report calling for the end to human rights abuses and excessive drug-pushing in psychiatry. In exchange, they argue for more psychosocial models that respect decency. Any other time in history would laugh at how long it has taken the scientific community to acknowledge this reality (almost as though there were conflicts of interest at play all along). Only by following legal and financial motivations can one make sense of what has happened to our world's handling of psychological distress.

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Crystal is a student of clinical mental health counseling at West Coast University. Her undergraduate background was in physics at the University of Washington, but she realized over time that her greater passion is in mental health advocacy. Upon learning about the corruption in the American mental health system and some of its nonprofit fronts, she took to digging deeper. She began connecting with survivors and other advocates to pursue positive patient outcomes over profits.